

HEALTH CLUB PAK PROGRAM APPLICATION
General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____
Address _____
City, State, Zip _____ Policy Term _____
Telephone _____ Professional License Type and Number (if required) _____

Business Organization: Individual Partnership Corporation Other _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Prods/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____ Years in business _____

Number of Full-time employees _____ Part-time _____ Independent Contractors _____ Other _____

List licensing certification requirements (For instructor only, teaching certification achieved) _____

Check services provided:

- | | |
|---|---|
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Racquetball, Tennis, Handball |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Jogging track |
| <input type="checkbox"/> Free weights | <input type="checkbox"/> Sauna, Steam Room |
| <input type="checkbox"/> Nautilus-Universal weight machines | <input type="checkbox"/> Stationary bikes, Rowing machines |
| <input type="checkbox"/> Swimming pools (attach specifics) | <input type="checkbox"/> Tanning beds (attach supplemental application) |
| <input type="checkbox"/> Other (Be Specific) _____ | |
| <input type="checkbox"/> Martial Arts (Describe) _____ | |

Number of students _____ Type of weapons taught _____

If students participate in tournaments, explain number, ages, type of contact, etc.) _____

Provide a copy of membership contract.

Describe any products sold on premises _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

Comments _____

Applicant Signature

Producer Name & Address

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY